



Attorney Docket no: 0553-0200.01

1TW
FEE ONLY

In re Application of:

Yamazaki et al.

Serial No.: 10/664,615

Filed: September 19, 2003

For: Semiconductor Device And Manufacturing Method Thereof

Examiner: Khiem D. Nguyen

Art Unit: 2823

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450 on
November 16, 2004
(Date of Deposit)
Shannon Wallace
Name of applicant, assignee, or Registered Rep.
Shannon Wallace 11/16/04
Signature Date

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT B

In response to the Office Action dated June 8, 2004, a three month extension of time being submitted herewith, please amend the above-identified application as follows:
New Claims

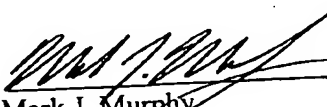
Applicants are also adding new Claims 37-61. Please charge our deposit account 50/1039 for any fee due for these new claims.

BEST AVAILABLE COPY

Favorable reconsideration is earnestly solicited.

Respectfully submitted,

Dated: November 16, 2004


Mark J. Murphy
Registration No. 34,225

COOK, ALEX, McFARRON, MANZO,
CUMMINGS & MEHLER, Ltd.
200 West Adams Street, Suite 2850
Chicago, Illinois 60606
(312) 236-8500

Customer no. 000026568

12/01/2004 LSPRUELL 00000003 501039 10664615
01 FC:1201 440.00 DA
02 FC:1202 450.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10 664 615

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	70	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	70 minus 20 =	* 0
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 45	Minus	** 20	= 25
Independent	* 9	Minus	*** 4	= 5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	584
+140=		OR	+280=	
TOTAL		OR	TOTAL	836

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	450.00
X42=		OR	X84=	440.00
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	890.00

pd.

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	